Center for Pain and Supportive Care
Phoenix Rising Yoga Therapy
Client History Form

Registrant Information

Name _____ Age _____ Today's Date _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

☐ Check here if you would like to receive occasional emails/postal mailings detailing schedule changes upcoming/new classes, workshops, demonstrations, and other CPSC alternative health offerings.

Current Occupation _____

Emergency Contact

Name _____ Relationship to Student_____ Phone _____

Recent Body Work Experience

Please list the type and approximate date(s) of any other body work modalities you have received (i.e. massage, acupuncture): _____

_____

Describe your current exercise program. _____

_____

Explain your experience with yoga and/or meditation. _____

_____

General Information

Briefly outline your personal support system (i.e. family, friends, groups, health care providers). _____

_____

How did you hear about Phoenix Rising Yoga Therapy? _____

_____

Medical Information

***The information requested on the following pages, if you choose to provide it, will help me to work more effectively with you.**

Please check all that apply

- ☐ Asthma
- ☐ Sciatica
- ☐ Insomnia
- ☐ Low/High Blood Pressure
- ☐ Heart/Circulatory Condition
- ☐ Pregnancy Months: _____
- ☐ Osteoporosis
- ☐ Dizziness/Fainting
- ☐ Bulging/Herniated Disc
- ☐ Menopause
- ☐ Depression
- ☐ Fused Vertebrae
- ☐ Stress
- ☐ Anxiety
- ☐ Scoliosis
- ☐ AIDS
- ☐ Ulcer
- ☐ Chronic Headache
- ☐ Muscular Injury
- ☐ Epilepsy/Seizures
- ☐ Breathing Problems
- ☐ Addiction Recovery Length of time: _____
- ☐ Eating Disorder
- ☐ Hepatitis Type: ____
- ☐ Wearing contact lenses
- ☐ GI Condition
- ☐ Arthritis
- ☐ Allergies
- ☐ Chronic Fatigue Syndrome
- ☐ Hernia
- ☐ Neck/Back/Spine Injury
- ☐ Glaucoma
- ☐ Multiple Sclerosis
- ☐ History of physical, sexual, and/or emotional abuse
- ☐ Fibromyalgia
- ☐ ADD/ADHD

Please fill in the following section for any condition for which you have been treated in the past two years.

Health Care Provider	Approximate Dates of Treatment	Condition
Psychotherapist/Psychiatrist		
Chiropractor		
Homeopathic/Naturopathic Physician		
Chronic Pain Physician		
Oncologist		
Other		

Please list any history of surgeries, major illness, chronic conditions, accidents, injuries, or anything that might be relevant to doing Phoenix Rising Yoga Therapy which were not listed above or on the previous page.

_____Date _____

_____Date _____

_____Date _____

If you are currently taking medication or have any serious allergies that should be made known to medical personnel in case of an emergency, please indicate them here: _____

_____

Privacy Statement: The entities of Center for Pain and Supportive Care are committed to protecting your privacy and all information provided to us in our registration process. Our participant information is not available to any outside person or organization.

Waiver and Liability Release

- **Anyone under 18 years of age must have this form signed by a parent or guardian.**
- Participant understands that the relationship is not psychotherapy, psychological counseling, or any type of professional therapy; nor is it a substitute for these services.
- Participant acknowledges and agrees that in the course of the session, material that is personal, challenging, or disturbing may come up. The participant is fully responsible for physical, mental and emotional well-being and will communicate any discomfort.
- The practitioner will not communicate the participants information to a third party unless the practitioner sees reasonable cause to believe there are threats of serious harm to the participant or others.
- All sessions begin and end at scheduled times. If a participant is late for an appointment, the session will be shorter and will end at the pre-designated time or other another appointment needs to be scheduled beforehand. The cost of the session will not be discounted.
- Sessions are invoiced and payable in full before session begins.
- Participant agrees to inform his/her instructor immediately of any physical or mental condition that could possibly prevent his/her full participation.
- Participant hereby freely and expressly assumes any and all risk of injury and agrees to release and hold harmless Center for Pain and Supportive Care, its owners, partners, and employees regarding said injury/injuries.
- Participant accepts full responsibility for any medical expenses incurred due to participation in yoga therapy.
- Participant accepts that neither the instructor nor the hosting facility is liable for damages to or loss of property resulting from participation.
- This release is binding upon Participant, and Participant's heirs, assignees, and legal representatives.

Please sign below to indicate that you have read and agree to the terms specified above.

Participant Signature _____ Date_____

Participant Name (PRINT) _____

Parent/Guardian Signature _____ Date _____